

IT IS OKAY TO REMAIN ANONYMOUS! ONLY PRINT YOUR NAME IF YOU FEEL COMFORTABLE DOING SO.

PRINTED NAME: _____ DATE: _____

Your feedback is important!

So we can learn about your experiences with the Goal Planning Sheet (GPS), this survey will ask you to:

- Remember how you felt the first time you worked with a member of your Treatment Team on your GPS.
- Think about what messages you heard from your Treatment Team when you first worked on your GPS.
- Give the GPS a “grade” based on how much it helped you plan your own recovery goals.
- The final page of this packet asks about your OVERALL EXPERIENCE with ACT staff. Honestly provide a “thumbs up” or “thumbs down” to your treatment team members and to other staff your work with.

Remember the Goal Planning Sheet? (GPS) someone from your Treatment Team helped you fill it in on one of the first few days you were at ACT. It looked like this:

GPS ACT Individualized Person Driven/Person Centered
☐ Goal Planning Sheet ☐ Initial Treatment Plan

<u>My strengths are:</u>				<u>Strengths I'd like to have are:</u>		
Rank 1-10		<u>Long Term Goal</u>	<u>Short Term Goal</u> (One or two steps to assist you in meeting your long term goal!)	<u>How Can ACT Support Me</u> (Who, what, where, how often)	<u>How I know Things are getting better</u>	<u>How I know things are staying the same or getting worse</u>
	Psychiatric illness, symptom reduction and management, medication education, counseling					
	Physical Health					
	Activities of Daily Living and Daily Routine					
	Education and Employment					

Please fill in a word that best describes how you felt after completing the GPS:
“I felt _____ after completing the Goal Planning Sheet (GPS).”

When you think about how you felt that day you completed the Goal Planning Sheet, how would you describe your feelings? Please circle all of the phrases, below, that describe your feelings, or simply fill in the box at the end of the page in your own words.

I felt like I was respected.

The people who worked with me were kind and I felt like I was going to be okay.

I felt rushed, like my opinion and feelings didn't matter.

Nobody seemed to be listening to what I wanted

I got an answer to my questions about how I would reach my recovery goals.

I left treatment that day feeling hopeful that things would get better.

I felt overwhelmed and didn't like using the Goal Planning Sheet.

I remember feeling like I could accomplish my recovery goals.

I didn't want to come back to treatment after the first day.

Or write your own words here...

Think about your recovery goals and if the GPS is helping you reach these goals.
Now, give the GPS a "grade" based on what you think about
It as a tool for reaching your goals:

A **B** **C** **D** **F**
EXTREMELY HELPFUL **VERY HELPFUL** **SOMEWHAT HELPFUL** **NOT HELPFUL** **EXTREMELY UNHELPFUL**

Thank you! for taking this survey on the GPS! If you want to talk about this survey with someone on staff, please let the survey facilitator know who you want to talk with.

We are always looking for ways to help you meet your own recovery goals and appreciate any other feedback you can provide to us.

The final page of this packet asks about your OVERALL EXPERIENCE with ACT and staff. Please take a moment and continue with the last page. Thanks You!

Please circle all the phrases that you remember
hearing your Treatment Team say to you
when you were working on the Goal Planning Sheet:

- “Let’s talk about your recovery goals.”
- “You have to do what we tell you.”
- “You have to stay sober.”
- “I’m glad you are here.”
- “What do you need to feel better?”
- “I’ll fill it in for you. Just sign right here.”
- “It’s okay to ask questions.”
- “You have to come to groups.”
- “This Goal Planning Sheet is about what YOU want and need to get better.”
- “You don’t have good goals for recovery.”

- “If you don’t take your meds you can’t come here.”
- “Peer Support is available to you.”
- “You are the most important part of the treatment team.”
- “Things will get better and you will get better.”
- “You have to complete the Goal Planning Sheet or you can’t leave.”
- “I’ll help you understand the GPS and how to use it.”

- “Here’s a copy of your GPS.”
- “We have to do this for regulatory purposes. Just sign the paper so we can be done.”

Stepping away from the GPS, think about your overall experience with ACT and with the staff.

When you think about how satisfied you are with your team and the staff,

Would you rate them with a **“Thumbs Up”** for satisfied, or
“Thumbs Down” for dissatisfied? Circle one.

It's okay to add your own written message if you want.

Office Staff  

Therapists  

Psychiatrists  

Peer Staff  

Nursing Staff  

Site Managers  

Security Staff  

Ron's Place Staff  